

**DIVISION OF HEALTH SERVICES**  
**ADMINISTRATION & FINANCE**  
**JULY 1, 2009 - JUNE 30, 2010**  
**BUDGET NO. 010-400301**

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
6810	INDIRECT COST	(1,067,542)	(39,096)	(1,106,638)
9626	TRSF FROM GRANT FUNDS	(1,307,211)	47,176	(1,260,035)
	NET OPERATIONS	<u>(2,374,753)</u>	<u>8,080</u>	<u>(2,366,673)</u>

**DIVISION OF HEALTH SERVICES**  
**CLINICAL SERVICES - ADMINISTRATION**  
**JULY 1, 2009 - JUNE 30, 2010**  
**BUDGET NO. 010-400501**

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
6436	INSURANCE - PROP & LIAB	70,000	(8,080)	61,920
	NET OPERATIONS	<u>70,000</u>	<u>(8,080)</u>	<u>61,920</u>

**DIVISION OF ROADS & PUBLIC WORKS**  
**PRINTING SERVICES**  
**JULY 1, 2009 - JUNE 30, 2010**  
**BUDGET NO. 961-307305**

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4513	PRINTING INTERNAL SLS & SER	(1,703,579)	(2,000)	(1,705,579)
6461	PRINT OUTSIDE	582,300	2,000	584,300
	NET OPERATIONS	<u>(1,121,279)</u>	<u>-</u>	<u>(1,121,279)</u>

**DIVISION OF ROADS & PUBLIC WORKS**  
**MAIL SERVICES**  
**JULY 1, 2009 - JUNE 30, 2010**  
**BUDGET NO. 961-307304**

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4514	MAIL SERVICES-INTERNAL SERVICES	(1,529,177)	(1,629)	(1,530,806)
6459	POSTAGE & MAIL SERVICES	1,180,390	1,629	1,182,019
	NET OPERATIONS	<u>(348,787)</u>	<u>-</u>	<u>(348,787)</u>

**DIVISION OF ADMINISTRATION & FINANCE**  
**TELECOMMUNICATIONS**  
**JULY 1, 2009 - JUNE 30, 2010**  
**BUDGET NO. 962-201501**

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4512	TELECOMM INTERNAL SERVICES	(4,231,892)	(1,124)	(4,233,016)
6750	TELECOMM SERVICE-EXTERNAL	<u>3,343,306</u>	<u>1,124</u>	<u>3,344,430</u>
	NET OPERATIONS	<u>(888,586)</u>	<u>-</u>	<u>(888,586)</u>

**DIVISION OF HEALTH SERVICES**  
**HEALTHY START INITIATIVE**  
**JULY 1, 2009- MAY 31, 2010**  
**BUDGET NO. 470-400513-5102/5109**  
**COST CENTER HC513**

POSITION NO.	JOB TITLE	JOB NO.	SALARY GRADE	POSITION TYPE	STATUS	COMPENSATION		
						CURRENT	DIFFERENCE	PROPOSED
030606	SOCIAL WORKER A	A3478	48	212	F	39,277	1	39,278
011030	ADMIN TECH	A5034	41	212	F	24,577	219	24,796
011028	PHN - CHARGE NURSE	C0440	50	212	F	49,016	(28,183)	20,833
011033	PUBLIC HEALTH NURSE	C0442	48H	212	F	42,465	1,649	44,114
011029	MCH EPIDEMIOLOGIST	C4021	55	212	F	60,404	0	60,404
060556	PEER COUNSELOR	C7011	45	212	P	31,696	(1,412)	30,284
060558	PUBLIC HEALTH SPECIALIST	C7507	45	212	F	28,650	1,434	30,083
060559	PUBLIC HEALTH SPECIALIST	C7507	45	212	F	30,773	1,539	32,311
011031	FAMILY SERVICE SPECIALIST	C9087	45	212	F	41,747	(25,451)	16,296
011032	FAMILY SERVICE SPECIALIST	C9087	45	212	F	41,748	(25,452)	16,296
060554	FAMILY SERVICE SPECIALIST	C9087	45	212	F	39,576	(23,280)	16,296
060557	FAMILY SERVICE SPECIALIST	C9087	45	212	F	40,285	(23,989)	16,296
	SUB-TOTAL FULL TIME					470,212	(122,925)	347,287
090838	CLERICAL SPECIALST A	P9001	12.01/HR	322	T	-	19,517	19,517
	TOTAL ALL					470,212	(103,408)	366,804

**PER PAY PERIOD JULY 2009 THRU MAY 2010**

POSITION NO.	JOB TITLE	JOB NO.	SALARY GRADE	POSITION TYPE	STATUS	COMPENSATION		
						CURRENT	DIFFERENCE	PROPOSED
030606	SOCIAL WORKER A	A3478	48	212	F	1,786	-	1,786
011030	ADMIN TECH	A5034	41	212	F	1,128	-	1,128
011028	PHN - CHARGE NURSE	C0440	50	212	F	2,228	-	2,228
011033	PUBLIC HEALTH NURSE	C0442	48H	212	F	2,005	-	2,005
011029	MCH EPIDEMIOLOGIST	C4021	55	212	F	2,746	-	2,746
060556	PEER COUNSELOR	C7011	45	212	P	1,441	-	1,441
060558	PUBLIC HEALTH SPECIALIST	C7507	45	212	F	1,368	-	1,368
060559	PUBLIC HEALTH SPECIALIST	C7507	45	212	F	1,469	-	1,469
011031	FAMILY SERVICE SPECIALIST	C9087	45	212	F	1,898	-	1,898
011032	FAMILY SERVICE SPECIALIST	C9087	45	212	F	1,898	-	1,898
060554	FAMILY SERVICE SPECIALIST	C9087	45	212	F	1,799	-	1,799
060557	FAMILY SERVICE SPECIALIST	C9087	45	212	F	1,832	13	1,845
	SUB-TOTAL FULL TIME					21,598	13	21,611
090838	CLERICAL SPECIALST A	P9001	12.01/HR	322	T	-	887	887
	TOTAL					21,598	900	22,498

**FRINGE BENEFIT CALCULATIONS - Maintenance Level**  
**FY10 Maintenance Level Budget (Form PCB-3)**

Fund-Org #: \_\_\_\_\_

Cost Center # \_\_\_\_\_

Date: \_\_\_\_\_

*Instructions: Fringe Benefits will be calculated automatically on this form for any FY10 salary changes listed on PCB-1 for Permanent/Durational or Temporary employees. Health insurance does not change for salary adjustments - only for new positions requested on PCB-6 for Increase Levels.*

ACCOUNT 5102 - PERMANENT OR DURATIONAL EMPLOYEES		EMPLOYEES		Pension 7.250% 5510	OPEB 7.500% 5511	FICA 6.200% 5515	MQFE 1.450% 5516	Group Life 0.680% 5520	LTD 1.600% 5560	OJI 1.550% 5591	Unemploy 0.329% 5592	Total Fringe Cost
Position Number	Position Title	# of Positions	Salary Change									
1)			347,287	39,574	25,178	26,047	5,036	2,362	5,557	5,383	1,143	110,278
2)			-	N/A	0	0	0	0	0	0	0	0
3)			-	N/A	0	0	0	0	0	0	0	0
4)			-	N/A	0	0	0	0	0	0	0	0
5)			-	N/A	0	0	0	0	0	0	0	0
6)			-	N/A	0	0	0	0	0	0	0	0
7)			-	N/A	0	0	0	0	0	0	0	0
8)			-	N/A	0	0	0	0	0	0	0	0
9)			-	N/A	0	0	0	0	0	0	0	0
10)			-	N/A	0	0	0	0	0	0	0	0
11)			-	N/A	0	0	0	0	0	0	0	0
12)			-	N/A	0	0	0	0	0	0	0	0
TOTAL PERMANENT:			0	347,287	25,178	26,047	5,036	2,362	5,557	5,383	1,143	110,278

457,565.16

ACCOUNT 5109 - TEMPORARY EMPLOYEES		EMPLOYEES		Pension 7.250% 5510	OPEB 7.500% 5511	FICA 6.200% 5515	MQFE 1.450% 5516	Group Life 0.680% 5520	LTD 1.600% 5560	OJI 1.550% 5591	Unemploy 0.329% 5592	Total Fringe Cost
Position Number	Position Title	# of Positions	Salary Change									
1)			-	N/A	N/A	N/A	0	N/A	N/A	0	0	0
2)			19,517	N/A	N/A	N/A	283	N/A	N/A	303	64	1,860
3)			-	N/A	N/A	N/A	0	N/A	N/A	0	0	0
4)			-	N/A	N/A	N/A	0	N/A	N/A	0	0	0
5)			-	N/A	N/A	N/A	0	N/A	N/A	0	0	0
TOTAL TEMPORARY:			0	19,517	N/A	N/A	283	N/A	N/A	303	64	1,860
GRAND TOTAL:			0	366,804	N/A	N/A	5,319	2,362	5,557	5,685	1,207	112,138

21,376.77

478,941.94

DATE: 02-03-10

IN-HOUSE ROUTE SHEET  
RESOLUTION CHECK-OFF LIST

BUDGET #: 470-400513

PERIOD OF TIME: 06/01/09 - 05/31/10

AMOUNT: \$708,486.00

DESCRIPTION: BUDGET ADMENDMENT - HEALTH START INITIATIVE

	INITIALS	DATE RECEIVED	FORWARDED
<u>DEPUTY ADMINISTRATOR</u> <u>NUNNALLY</u>	_____	_____	_____
<u>SECTION MANAGER</u> <u>CALONDRA TIBBS</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
<u>RUSSELL</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
<u>ACCOUNTANT</u>	_____	_____	_____
<u>BENNETT</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
<u>LACHAPELLE</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
<u>FARRIS</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
<u>MADLOCK</u>	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
COMMENTS:	_____		

CONTRACT NO. CA.

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

\*\*\*AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED\*\*\*

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1.	Department Requesting Services:	<u>HEALTH DEPARTMENT</u>								
2.	Preparer's Name, Telephone #	<u>Johnathan Russell</u> <u>544-7585</u> <u><a href="mailto:johnathan.russell@shelbycountyttn.gov">johnathan.russell@shelbycountyttn.gov</a></u>								
3.	DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: <u>This grant provides revenues to fund Healthy Start Initiatives to eliminate racial and ethnic medical disparities.</u>									
4.	NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING: <u>HRSA/MCHB/CAFH</u> <u>5600 Fishers lane Rm 18-12</u> <u>Rockville, MD 20857-5692</u> VENDOR NO./FED ID NO. _____ EOC NO. <u>Exempt</u>									
5.	COST OF ITEM OR SERVICE REQUESTED:	<u>\$708,486.00</u>								
6.	TERM OF PROPOSED CONTRACT/AGREEMENT:	<u>06/01/09-05/31/10</u>								
7.	FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) <b>**FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**</b> <u>470-400513 No funds to encumber</u>									
8.	COMMODITY CODE: _____									
9.	VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) : <b>**<u>PLEASE ATTACH APPROVAL DOCUMENTS</u>**</b> a. _____ Bid/RFP Process - # & Date _____ b. _____ Emergency/Sole Source _____									
10.	LOSB/MBE INFORMATION: Please check the appropriate description <table><tr><td>_____ MBE</td><td>(MINORITY OWNED BUSINESS ENTERPRISE)</td></tr><tr><td>_____ WBE</td><td>(WOMEN OWNED BUSINESS ENTERPRISE)</td></tr><tr><td>_____ LOSB</td><td>(LOCALLY OWNED SMALL BUSINESS)</td></tr><tr><td>_____ N/A</td><td>ANNUAL SALES DOES NOT EXCEED \$3 MILLION</td></tr></table>		_____ MBE	(MINORITY OWNED BUSINESS ENTERPRISE)	_____ WBE	(WOMEN OWNED BUSINESS ENTERPRISE)	_____ LOSB	(LOCALLY OWNED SMALL BUSINESS)	_____ N/A	ANNUAL SALES DOES NOT EXCEED \$3 MILLION
_____ MBE	(MINORITY OWNED BUSINESS ENTERPRISE)									
_____ WBE	(WOMEN OWNED BUSINESS ENTERPRISE)									
_____ LOSB	(LOCALLY OWNED SMALL BUSINESS)									
_____ N/A	ANNUAL SALES DOES NOT EXCEED \$3 MILLION									
11.	SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) _____									

REVIEWED AND APPROVED BY:

\_\_\_\_\_  
DEPARTMENT HEAD DATE

\_\_\_\_\_  
ELECTED OFFICIAL

\_\_\_\_\_  
DIVISION DIRECTOR DATE

